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|---|--|---|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 05432/100M919-US3 | |
| <p>In re Application of Connie Sanchez et al.</p> <p>Application Number 10/644,588-Conf. #5265 Filed August 20, 2003</p> <p>For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM</p> <p>Art Unit N/A Examiner Not Yet Assigned</p> | | | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

| | |
|---|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,010.00 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. | |

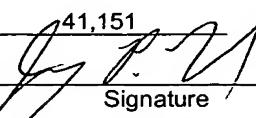
I have enclosed a duplicate copy of this sheet.

I am the

| |
|---|
| <input type="checkbox"/> applicant/inventor. |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 41,151 |

June 7, 2004
Date

(212) 527-7765
Telephone Number


Signature

Jay P. Lessler
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

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Express Mail Label No.

Dated: _____